

To Care is to Struggle

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Fall 2012

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Often lost in the slogans, chants, and feverish excitement of a street action, or the ideological and semantic battles waged by radicals, is the richness of human relations. It is the ‘in between’ of these relations—expressed, in part, as care—that reproduces both the social order and revolutionary movements.¹ For our purposes here, we are interested in the acts and activity that care is associated with, as in care-work, which is imposed by capital, and care-giving, hence as an activity of the commons.²

This question of care can never be answered in the abstract, but only in the context of our lives, our stories, and the challenges that such lives and stories bring to bear. Different minds and bodies react differently to crisis, trauma, and the common shocks of life; they are acted upon, imposed upon and produced differently as they fit into different relations of power—as gendered, racialized, sexualized, et al bodies; particular minds and bodies have different productive desires, resist differently, and produce new worlds together differently. Here the intent is to interpret care-work and care-giving broadly. Then focus on creating movements that address these experiences and realities generally and the need for creating practical and political initiatives that struggle against current conditions and limitations and toward new, liberatory paradigms of care.³

Who does the work of care?

In the opening salvo of the Wages for Housework movement Italian feminist Mariarosa Dalla Costa stated,

For we have worked enough. We have chopped billions of tons of cotton, washed billions of dishes, scrubbed billions of floors, typed billions of words, wired billions of radio sets, washed billions of nappies, by hand and in machines. Every time they have ‘let us in’ to some traditionally male enclave, it was to find for us a new level of exploitation. [...] The challenge to the women’s movement is to find modes of struggle, which, while they liberate women from the home, at the same time avoid on the one hand a double slavery and on the other prevent another degree of capitalist control and regimentation.⁴

The exploitation Dalla Costa and Wages for Housework sought to indict was not simply “the woman question” or the wages due from housework, but the entire apparatus of social reproduction, and the particular importance of the reproduction of labor power to capitalism. The reproduction of labor power is a particular force required for capitalism to function—that is the workers’ capacity to work—and serves as one of the two base commodities, the other being hydrocarbons, that make capitalist accumulation possible. The challenge to the feminist movement,

¹ Rather than using the more common “caretaking,” throughout “To Care is to Struggle” I use “care-giving” with specific intent of relating this form of care to that of gift exchange. This is preferable to caretaking, which refers to a relationship of dependency and debt. See: David Graeber. *Debt: The First 5,000 Years* (Brooklyn, NY: Melville House Publishing, 2011).

² Peter Linebaugh. “Some Principles of the Commons” in Counterpunch (8-10 January, 2010); available online at: <http://www.counterpunch.org/2010/01/08/some-principles-of-the-commons/> (accessed 6 February 2012).

³ Team Colors Collective. “To Show the Fire and the Tenderness: Self-Reproducing Movements and Struggle In, Around, and Against the Current Crisis in the United States” in Independent Reader, Issue. 12 (Spring / Summer 2009), 21-22.

⁴ Mariarosa Dalla Costa. *The Power of Women and the Subversion of the Community* (Bristol: Falling Walls

and in turn all revolutionary movements, is the abolition of care-work as the reproduction of labor power as well as to transform the gendered and racialized nature of social reproduction as care-giving.

Who does the work of care?

According to a 2011 white paper from the Organization for Economic Cooperation and Development, titled “Cooking, Caring and Volunteering: Unpaid Work Around the World”, women in the United States continue to perform twice the housework of men.⁵ The total work time (waged plus unwaged time) in the United States is dismal when compared to other developed countries, and globally women spend much of their ‘free time’ doing housework, caring for household members, and shopping for the household. The gender imbalance is not improved upon when employment (waged work) and marital status are considered. Though the report does not consider racial and class differences within the United States or OECD countries, the amount of unpaid work heaped upon queer and gender-variant peoples, working-class women, immigrant women, and women of color is remarkably higher.⁶

This is compounded by the “double slavery” Dalla Costa speaks too. The New York City based Domestic Workers United released a report in 2006 titled “Home Is Where the Work Is: Inside New York’s Domestic Work Industry,” describing the horrendous conditions of the city’s 200,000 (by official statistics, it’s estimated to be closer to 600,000).⁷ Some of the highlights include: 26% of the women surveyed make below a living-wage (\$13.47), 67% didn’t receive overtime pay, 33% have faced verbal or physical abuse at work, (“One-third of workers who face abuse identify race and immigration status as factors for their employers’ actions”). 59% of the domestic workers surveyed are the sole earner for their family, 93% are women of color and three-fourths are undocumented. These are workers specifically excluded from the right to organize by the National Labor Relations Act, which recent organizing has sought to challenge. In addition to the low-waged work performed for employers, these women have a second shift of unpaid work at home.

Part of the imposition of housework is the imposition of heterosexuality and the control over sexuality and gender identity. While the literature on the subject is still developing, lesbian relationships have the clearest equality of housework among any partnership; though the study of trans-people are currently inconclusive.⁸ Additionally, “Trans/gender-non-conforming and queer people [...] are born into webs of surveillance” and are hence often regulated to work in the “informal economy” and have higher rates of homelessness than their heterosexual and

Press, 1975).

⁵ Veerle Miranda. (2011), “Cooking, Caring and Volunteering: Unpaid Work Around the World”, OECD Social, Employment and Migration Working Papers, No. 116 (OECD Publishing, 2011); available online at: <http://dx.doi.org/10.1787/5kggrjm8s142-en> (accessed 6 February 2012).

⁶ Joan Tronto. Moral Boundaries: A Political Argument for an Ethic of Care(London: Routledge, 1993).

⁷ Domestic Workers United. “Home is Where the Work Is: Inside New York’s Domestic Work Industry” (July 14, 2006); available at: <http://www.domesticworkersunited.org/rightsandresources.php> (accessed 6 February 2012); see a similar report on the domestic industry in the US, titled “Unity for Dignity: Excluded Workers Report” at <http://excludedworkers.org/report> (accessed 11 February 2012).

⁸ While Clara Pfeffer in “Women’s Work?: Women Partners of Transgender Men Doing Housework and Emotional Work” noted that lesbian relationships have a level of housework equity not seen in other partnerships, the outcome of her study suggests that trans-men do not replicate this in their relationships with cis-women. Being that this was a small sampling of 50 cis-women, and the first study of its kind, it would be imprudent to draw conclusions

gender-conforming counterparts.⁹ This is a complementary process to the disciplinary mechanism that incarcerates unemployed waged workers.

The Wages Due Collective, as a lesbian auxiliary to Wages for Housework, saw the control of sex as an issue of workers' control, theorizing that the imposition of heterosexuality and the nuclear family was the imposition of unwaged work.¹⁰ To the Wages Due critique we want to add the importance of gender self-determination and suggest that under a patriarchal society that only males identifying with their gender expression and heterosexuality can possibly escape unpaid reproductive labor; the class component of this escape will be explored later.

Looking specifically at capital's response to struggles over waged and unwaged work, neoliberal capitalism has been creating forms of work that are precarious, affective, and emotional; the result is the biopoliticization of work. This along with the increasingly immaterial nature of production and shifting migration patterns, are part of "new mechanisms of exploitation and capitalist control."¹¹ It is important to note that affective and emotional work is being imposed upon all genders, and that cis-males are increasingly being incorporated into child and elder-care on both the waged and unwaged spectrums.¹² As the Team Colors Collective, of which I am part, stated, in a time of economic crisis, "the state de-funds social services [and] pushes the 'work' of caring for children, the elderly and everyone in between onto those who are already performing such work without a wage."¹³ Herein capitalism is simultaneously imposing new forms of wage work while the state seeks to externalize waged forms of social reproduction (welfare payments, social security benefits, nursing home residents) on to unwaged workers. In determining who does the work of care it is important that we include waged and unwaged workers, even when these are embodied in the same individual. Our next task is exploring the difference between care-work and care-giving, and how we abolish the former while delinking the latter from capital, the state, race, gender and other impositions.

Care-work and care-giving

Under capitalism care-work, both waged and unwaged, is the vessel for the production of labor power—of producing workers and workers ability to work. Additionally, the reproduction of labor power is part of the social reproduction of capitalist society; of which hydrocarbons, knowledge, educational systems, and systems of policing are other key components. The question of social reproduction is far too broad for our purposes here, but it is important to consider the reproduction of gender, race, and class relations and how they manifest in care-giving as a set of activities of the commons. In organizing resistance against capital and the state it behooves us

on trans relationships from it. Additionally, there is no discussion of trans-women and those not identifying with a hyphenated gender form. See: Carla Pfeffer. "Women's Work?: Women Partners of Transgender Men Doing Housework and Emotional Work" in *Journal of Marriage and Family*, No. 72 (February 2010), 165-183.

⁹ Eric Stanley. "Fugitive Flesh: Gender Self-Determination, Queer Abolition, and Trans Resistance" in Eric Stanley and Nat Smith (Eds.), *Captive Genders: Trans Embodiment and the Prison Industrial Complex* (Oakland: AK Press, 2011), 7.

¹⁰ *ibid.*

¹¹ Antonio Negri and Michael Hardt. *Commonwealth* (Cambridge, MA: Harvard University Press, 2009), 136.

¹² Silvia Federici. "A Male Domestic Worker: An Interview with RJ Maccani" in *The Commoner*, Issue 15 (Winter 2012); available online at: www.thecommoner.org.uk (accessed 6 February 2012).

¹³ Team Colors Collective. *Winds from below: Radical Community Organizing to Make a Revolution Possible* (Portland, OR: Team Colors & Eberhardt Press, 2010); See also: Midnight Notes Collective and Friends. *Promissory Notes: From Crisis to Commons* (Jamaica Plain, MA: Midnight Notes, 2009).

to note how elements of care-work can find their way into this activity, as the following story illustrates.

In the aftermath of Hurricane Katrina, two colleagues and I traveled from New York to New Orleans with the intent of documenting organizing work being done at the Common Ground Relief in the Algiers neighborhood.¹⁴ This anarchist-led effort was the first to respond to the state's neglect and direct violence, organizing under the slogan "solidarity not charity;" and utilized "existing relationships and political organizing experience" from within the counter-globalization movement to fuel its projects.¹⁵ While Common Ground Relief sought to address gender issues within the organization, these efforts only began six months into its existence when there were already hundreds participating in efforts in New Orleans. The volunteers were housed in a set of collectively run houses and we were able to observe the organizing work and housework first hand. It was clear from our arrival that female volunteers and collective members were performing all of the housework. On the morning following a celebration, the male members of the collective house we visited slept or groggily drank coffee but didn't attend to the general disarray of the house while female collective members cleaned. When this was raised in the course of the discussions we conducted, collective members seemed surprised. It was clear that the gender dynamics of housework preformed in some of these collective houses was not on the political agenda of the collective members we spoke to. Admittedly, we interviewed a small sampling of total collective members and visited during the holidays when many long-term volunteers were traveling outside of New Orleans. But the gendered nature of care-work can easily find its way into care-giving and radical organizing, as the feminist movement has well documented.

Areas for intervention

In seeking to intervene in and abolish care-work, as we develop systems of care-giving, it is necessary to draw a clear line between care-work that is imposed and care-giving strategies which we incorporate into our own communities. Radical movements need to struggle with both these areas; the former without the latter becomes an attack with no defense, while the latter becomes a symptom of a drop out culture without the former.

As a young organizer seeking employment in the nonprofit sector during the late 1990s I interviewed with the now-defunct Left Democratic community organization Association of Community Organizers for Reform Now, known by its acronym ACORN. Following a formal, sit-down interview I was taken into the 'field' by the lead Long Island regional organizer. The issue of the day was desperately needed childcare in a poor and working-class neighborhood of African-Americans, El Salvadorians and immigrants from other South American countries. We knocked on doors with pre-printed flyers, canned speeches, and requests for money in the form of membership dues. After we spoke to a number of women a pattern emerged. The ACORN organizer repeatedly asked "don't you need childcare" and was surprised by the answer "we already have

¹⁴ scott crow. Black Flags and Windmills: Hope, Anarchy, and the Common Ground Collective (Oakland: PM Press, 2011).

¹⁵ Future efforts will have to take heed from the errors made at Common Ground, specifically how in the midst of a disaster the collective was unable to address participants lack of knowledge around gender, race, sexuality, and the particular culture of the region they were organizing in. See Stevie Peace and Kevin Van Meter. "Black Flags and Radical Relief Efforts in New Orleans: An interview with scott crow" in Left Eye on Books (November 13, 2011); available online at: <http://www.lefteyeonbooks.com/2011/11/black-flags-and-radical-relief-efforts-in-new-orleans-an-interview-with-scott-crow/> (accessed 14 February 2012).

childcare.” One woman explained in detail how she shares childcare with other women in the building and in the neighborhood, by taking in children on her day off and then sending her children to other households when she is at waged work. Rather than seeing this as a foundation from which to organize, the ACORN organizer couldn’t see this activity as important. Illustrated here is the fundamental difference between demanding childcare from the state; and organizing childcare cooperatives, from the existing relations on the ground, and then demanding the state pay for it.

Radicals, as well as the “loyal opposition” of the Left, are often blind to the organizational forms that exist in other communities. But by organizing around care-work and care-giving, radical movements have the opportunity to connect to a myriad of different struggles and build a multitude of relationships with those outside of our immediate circles. Often our strategies limit us to organizing with self-identified radicals or being blind to how those from different communities, with different sets of experiences, organize their everyday lives and struggles. Here it is important to ground these discussions in the context and content of our everyday lives, and question and concretize how this functions. Since questions of care and struggle need to be grounded in our own experiences, below is an account of my own.

Intermezzo : a short account of a personal story

As it would have it, I came to realize the importance of care and support to radical movements quite late in my tenure as a radical and organizer. After a decade of running a social center, participating in anarchist collectives and the counter-globalization movement, employment in the nonprofit and service sectors, it wasn’t until a tragic event that I began to explore these issues. The reason for this is obvious to me. I came from a community that was predominately in their early 20s, white, middle and working-class, suburban, cis-gendered, able-bodied and largely without major physical and mental illness. Of course this is an anomaly, and often those suffering from mental illness in particular did so in silence and sought support within close friendship circles.

In the early spring of 2007 one of our core group had a chronic condition that began to worsen. Jodi Tilton was not simply a political comrade but my partner and constant companion. Her Crohn’s/colitis caused periodic, painful inflammation of the intestines which would often result in hospitalization. During treatment, she would rely heavily on her close friends to get her to and from the doctor, bring in groceries, and simply lie beside her and comfort her. This task increasingly fell upon me and another close friend, and at times, others within our core group. But as her condition worsened and continued unabated, many comrades pulled away entirely to attend concerts, demonstrations, open bars, and political events.

As a result of her treatment Jodi suffered a massive seizure; and as I held her hand, she passed into the unknown. Her treatment had caused demyelization of the brain and the brain began to bleed out; the seizure being the outward expression of the brain’s attempt to stem the damage. I held her hand for five hours until they put her into emergency surgery and a medically induced coma. By morning we knew that she would never awaken and six days later her life support would be terminated. Even with the outpouring of supportive friends and family around her, I

¹⁶ The phrase “the corridor of lost steps” comes from Isabel Allende’s book *Paula*, which describes her daughter’s coma and death. A copy was kindly given to me by Silva Federici after Jodi’s passing. See: Isabel Allende. *Paula* (New York: Harper Collins Publishers, 1996).

feel into a psychogenic paralysis as I walked down “the corridor of lost steps” toward her hospital room.¹⁶ While collective gatherings and projects of mourning followed, I was consumed by immeasurable grief and I couldn’t function. As with Jodi, those around me slowly peeled away once the formal grieving process had ended and then asked, ‘when I was going to return’ to activist work.

By no means are my experiences unique, as often during public discussions of these issues there is a chorus of voices sharing their own disappointments in regards to how they have been treated by fellow radicals. Capital and the state imposed upon every node in my above account; I cared for Jodi after a full day of waged work, in essence working a double shift. And she was not able to take time from work to recover, less she lose her health insurance. The process of terminating her life support, took six days though the medical panel ruled nearly immediately after her seizure that there was no hope of recovery. And the grieving process was supposed to conclude within the formal process (wake, funeral, memorial), so that I would return to productive, paid employment and activist work. These are the limits of our activity and power. Additionally, even with a decade of radical experience and a highly evolved core group, we did not collectivize and organize this activity.¹⁷ In particular spaces such as these, care-work becomes care-giving when it is politicized.

What does it mean to be active?

Just following the pinnacle of the counter-globalization movement, left-radical publication *Clamor Magazine* led with the article “What It Means to Be Active: Reflections on Progressive Activism.”¹⁸ The article was a survey of reflections on the current state of the movement. Two particularly standout, and one is useful for our purposes. Patrick Reinsborough, then of the Rainforest Action Network, stated, “Most people that are involved in resistance are involved in resistance due to survival. Their community is under attack [...] As opposed to a lot of white activists [...] who are choosing their issues.”¹⁹ Oddly, none of those surveyed challenge the framework of activism and the self-referential title of activist, though Reinsborough’s comes closest.

As long as being active is synonymous with activism and the figure of the activist, there are those who will not become active. Gilles Deleuze commented on this subject, “[t]he question of the revolution’s future is a bad one, because, as long as it is posed, there are going to be those who will not become revolutionaries.”²⁰ For the question for care, we are concerned with how the definition of being active limits the participation of individuals who cannot partake in demonstrations because of PTSD, cannot sit through long meetings due to chronic pain, are physically ill and regularly miss events, and other similar experiences. This is certainly not to discount the use of direct actions by those in the disability rights, deaf autonomy, and neighboring movements, but rather to call attention to a structural problem within radical movements that emphasizes

¹⁷ For the importance of social support in the healing of trauma see: Judith Herman. *Trauma and Recovery: The aftermath of violence—from domestic abuse to political terror* (New York: Basic Books, 1997), 61-73; and patrice jones. *Aftershock: Confronting Trauma in a Violent World: A Guide for Activists and Their Allies* (New York: Lantern Books, 2007).

¹⁸ *Clamor Magazine*, Issue. 13 (March/April 2002). The lead article was 77. titled “What It Means To Be Active: Reflections on Progressive Activism” by Justin Ruben; available online at: <http://clamormagazine.org/issues/13/feature1.php> (accessed 7 February 2012).

¹⁹ *ibid.*

²⁰ Gilles Deleuze and Felix Guattari. *On the Line* (New York: Semiotext(e), 1983), 113-114.

the involvement of able-bodied and able-minded individuals that can escape the imposition of care-work. Additionally, by incorporating care-giving strategies and challenging “what it means to be active” we strengthen our movements vis-a-vis capital and the state.

Silvia Federici, in her “Precarious Labor: A Feminist View Point,” argues,

We go to demonstrations, we build events, and this becomes the peak of our struggle. The analysis of how we reproduce these movements, how we reproduce ourselves, is not at the center of movement organizing. It has to be. We need to go to back to the historical tradition of working class organizing ‘mutual aid’ and rethink that experience, not necessarily because we want to reproduce it, but to draw inspiration from it for the present.

We need to build a movement that puts on its agenda its own reproduction. The anti-capitalist struggle has to create forms of support and has to have the ability to collectively build forms of reproduction.²¹

As suggested by Federici’s comment, the shift is toward new forms of radical movements that are expressed in two complementary ideas: self-reproducing movements, which center their own reproduction, and movements of self-reproduction, that coordinate and amplify care-giving initiatives to challenge the limits imposed by capital and the state. There is a rich history of such organizing from which to draw upon. This will be considered alongside necessary and active solidarity with those struggling within and refusing care-work.

Finally, and importantly, such initiatives are bulwarks against repression,²² ground our revolutionary politics in our everyday lives and communities, and begin to create “grassroots community self-management” from which uprisings and insurrections can be launched.²³

Historical examples

There is a rich history of such initiatives in anarchist and radical movements, too many examples in the United States alone to list here. Emma Goldman was arrested twice simply for distributing information about birth control; anarchist schools, cooperatives, and ethnic organizations provided direct services and bases of support; and the Industrial Workers of the World organized brigades to feed and clothe striking workers.²⁴ This history extends into the cycle of struggle that began in the late 1950s and ended as the 1970s concluded. The three that we will explore—Jane abortion services; Black Panther “survival pending revolution” programs, specifically health clinics; and ACT-UP’s combination of direct action and knowledge production—are

²¹ Silvia Federici. “Precarious Labor: A Feminist View Point” in Team Colors (Eds.), In the Middle of a Whirlwind (Los Angles: Journal of Aesthetics and Protest Press, 2008); available online at: <http://inthemiddleofthewhirlwind.wordpress.com/precarious-labor-a-feminist-view-point/> (accessed 7 February 2012).

²² Kristian Williams. “The other side of the COIN: counterinsurgency and community policing” in Interface, Vol. 3, No. 1 (May 2011); Conor Cash, Craig Hughes & Kevin Van Meter. “The Curious Case of Conor Cash” in Lara Messersmith- Glavin, Will Munger, Kristian Williams (Eds), Life During Wartime (Oakland: AK Press, 2013; forthcoming).

²³ Raúl Zibechi. Dispersing Power: Social Movements as Anti-State Forces (Oakland: AK Press, 2010), 37.

²⁴ Paul Avrich. Anarchist Voices: An Oral History of Anarchism in America(Oakland: AK Press, 2005); Joyce Kornbluh (Ed). Rebel Voices: An IWW Anthology (Chicago: Charles H. Kerr Publishing Company, 1988).

well traveled territory, hence I will utilize the examples to illustrate particular points for current organizing.

The Abortion Counseling Service of The Chicago Women's Liberation Union, known as "Jane" from the alias collective members would use, worked clandestinely in Chicago from 1968 until abortion was legalized in 1973.²⁵ The organization developed out of an initial referral services for women seeking abortions during a time when only wealthy women could access the procedure. From this beginning "Jane" provided counseling, abortion services through a third party, and eventually learned to performed the procedure themselves. This illegal direct action taken on behalf of women was seen as part of an act of self-determination.

During the same time period as Jane, the Black Panther Party were running "Survival Pending Revolution" programs that included free breakfast and educational programs for children, health clinics, sickle-cell anemia testing, drug and alcohol rehabilitation, and the provision of transportation so that family members could visit incarcerated inmates.²⁶ In April of 1970 citing the historical and continuing inaccessibility of basic healthcare among the Black population, "Bobby Seale issued an organizationwide directive that all Party chapters [needed to] establish local, free healthcare facilities. Called the People's Free Medical Clinics, the resulting clinics became the infrastructure for the Party's health programs."²⁷ An important aspect of the work was education about the deprofessionalization of healthcare, and in turn, the empowerment and involvement of the community the clinics were based in.²⁸ These efforts directly addressed needs in the communities of which they were situated, and confronted the lack of access to health care with initiatives based in self-determination while developing the knowledge and self-reliance of those who participated.

A decade after Jane and the Panthers, and addressing a new health crisis, the AIDS Coalition To Unleash Power (ACT-UP) utilized direct action and similar tactics to their forbearers to address the state's inaction on the AIDS crisis. ACT-UP responded with anger and militant direct action with demonstrations at Wall Street against the high price of AZT, at the time the most expensive drug in history, and shutting down the offices of the Federal Drug Administration for unnecessarily delaying AIDS drugs.²⁹ ACT-UP's Treatment and Data committee served as the knowledge production arm of the collective and in short order the committee members were among leading experts on AIDS in the US. ACT-UP reports were read into the congressional record and the

²⁵ Laura Kaplan. *The Story of Jane: The Legendary Underground Feminist Abortion Service* (Chicago: University of Chicago Press, 1997).

²⁶ David Hilliard (Ed.), *The Dr. Huey P. Newton Foundation. The Black Panther Party: Service to the People Programs* (Albuquerque: University of New Mexico Press, 2008).

²⁷ Alondra Nelson. *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011), 77.

²⁸ The Black Panthers were not the only organization at the time creating health clinics and utilizing them as a base for revolutionary politics. Working-class white activists in Rising Up Angry of Chicago organized around healthcare, as did White Lightening in New York City; the Puerto Rican-based Young Lords opened health clinics, and so did the Chicano movement based in the American southwest; the Panthers, Young Lords, and others united to form the Health Revolutionary Union Movement to occupy the "dilapidated" Lincoln Hospital in Bronx, NY. See Amy Sonnie and James Tracy. *Hillbilly Nationalists, Urban Race Rebels, and Black Power* (Brooklyn: Melville House Publishing, 2011); and James Tracy. "Rising Up: Poor, White, and Angry in the New Left" in Dan Berger (Ed.), *The Hidden 1970s: Histories of Radicalism* (New Brunswick, NY: Rutgers University Press, 2010), 223.

²⁹ Deborah Gould. *Moving Politics: Emotion and ACT UP's Fight Against AIDS* (Chicago: University of Chicago Press, 2009).

FDA used ACT-UP treatment proposals and language.³⁰ With their technical expertise and the force of direct action, the collective not only shifted the climate around AIDS but also made a fundamental impact on AIDS treatment and research. In addition to these activities, ACT-UP provided education about AIDS transmission and safe sex, and sponsored daily meetings for people with AIDS. Those facing a deadly epidemic self-organized an entire ecology of initiatives and developed expertise in the subject matter they were organizing around.

To these we can add the National Welfare Rights Organization³¹ of the 1970s, which utilized direct action and radical direct service models toward a “movement of the unemployed,” the Gray Panthers,³² which organized aging Americans intergenerationally during the same period, and countless others. Each of these projects bridged the seemingly impossible direct service/direct action divide that infects current movements. Jane, the Panther clinics, and ACT-UP were based in the needs and sought to further the self-determination of the communities of which they were part; and were “a result of their own internal dynamics.”³³ The direct provision of desperately needed services can build self-reliance in the engaged population while connecting individuals to neighboring issues and initiatives. In areas where the state has historically neglected, failed, and ignored the needs of the population *the question of survival is in fact pending the question of revolution*. Herein these initiatives utilized a coupling of direct services and direct action; rather than the former, which easily falls into relationships of dependency, or the latter, that is often disconnected from working-class communities and the needs within them.

In a time of economic crisis, with the state’s slashing of needs based services, there are numerous experiences and realities to organize around, as listed at the outset. Furthermore, it is important to note that models from another time, place, context, and involving a different population cannot be simply imported into another. Rather these examples provide insight and principles toward our own current organizing and the direct service initiatives that will emerge will find their own way forward.

Contemporary examples

Beyond the Domestic Workers United and Wages for Housework illustrations earlier, there are numerous instances of organizing around care-work from the Women’s Strike for Peace in 1961, when ‘housewives and mothers’ struck against nuclear weapons testing and the escalating war in Vietnam, to the continuing struggle for parental leave. In recent years, Domestic Workers United has won a “domestic workers bill of rights” in New York and is fighting for passage elsewhere; these bills address the right to organize and basic control over wages and hours. A national campaign seeks to connect care-workers with families and persons needing care.³⁴ The intersection between these campaigns and unions has been tenuous. As hospital unions have seen

³⁰ Steven Epstein. *Impure Science: AIDS, Activism, and the Politics of Knowledge*(Berkeley: University of California Press, 1996); Benjamin Holtzman. “The Revolt of the Ill: ACT UP’s Treatment and Data Committee and the Revolution in AIDS Care” (Forthcoming).

³¹ Lawrence Neil Bailis. *Bread or Justice: Grassroots Organizing in the Welfare Right Movement* (Lanham, MD: Lexington Books, 1974); Francis Fox Piven & Richard Cloward. *Regulating the Poor: Functions of Public Welfare* (New York: Vintage Books, 1993); Francis Fox Piven & Richard Cloward. *Poor Peoples Movements: How they Succeed, Why they Fail* (New York: Vintage Books, 1978).

³² Roger Sanjek. *Grey Panthers*(Philadelphia: University of Pennsylvania Press, 2009).

³³ Raúl Zibechi. *Dispersing Power*, 4.

³⁴ For more on Caring Across Generations see: <http://caringacrossgenerations.org/>.

work being outsourced to low paying homecare workers, these unions have engaged with the campaigns of domestic workers and the AFL-CIO launched an organizing initiative addressing domestic work. But in California the United Healthcare Workers is struggling against a takeover by Service Employees International Union.³⁵ Radicals and others are correct to be suspicious of business union interests, but solidarity with those struggling within care-work needs to be an active and continuous component of our work. Additionally, radicals themselves have been organizing care-workers. In Portland, Oregon the Industrial Workers of the World have an ongoing campaign to organize workers at area social service agencies, including homeless shelters and the Portland Women's Crisis Line.³⁶ Lastly, sex worker organizing has taken the form of bad date lines, a now out of print but important nationally distributed magazine, unionized and cooperatively run strip clubs, and sex worker rights and harm reduction projects.

These struggles against the imposition of care-work bring forth difficult questions. The Madrid-based Precarias a la Deriva (active in the mid-2000's, loosely translating as "precarious women workers adrift") proposed a "caring strike." Hence, what would a care-work strike look like and how do we strike against the imposition of care-work without striking against those we are caring for? This is not just a question for theoretical inquiry; it requires an organized response within our movements. Some of these responses are taking interesting and initial forms.

Over the last decade there has been a remarkable increase in zines and personal accounts from radicals who have experienced mental and physical health issues, chronic pain, grief, intimate violence, and burnout. In the introduction to *SICK*, an edited zine collection on illness, stated that the publication "developed out of personal frustration during [cancer diagnosis and reoccurrence] over the lack of discussions about and understanding of illness within radical/left/DIY communities as well as the lack of resources within these communities for those dealing with illness."³⁷ This is seconded by another zine published during the same period, the author reflects, "within the cultures of resistance that I've participated in—largely explicitly anti-capitalist and DIY oriented—issues of illness and support over the long-term are not at the core of political practice; [...] many anti-capitalists and DIY participants evade the subjects of illness and support work."³⁸ Such statements could be quoted endlessly, but such an emergence of zines suggests that these issues are not being addressed in other ways and will shortly find their ways into book collections and organizational forms.

Numerous initiatives have begun to organize in proactive ways around care-giving. For instance there has been a proliferation of projects around intimate violence and sexual assault in radical communities. Drawing on the concept of transformative justice—meaning not simply punishing the perpetrator or restoring the situations to its pre-violence conditions, but rather transforming the perpetrator, survivor, and conditions of oppression that lead to the violence in the first place—projects such as Philly Stands Up in Philadelphia, Support New York and Audre Lorde Project / Safe Outside the System Collective in New York City, Crying Out Loud in Seattle, have formed. While working within the confines of radical communities, and often a small cor-

³⁵ Cal Winslow. *Labor's Civil War in California: The NUHW Healthcare Workers' Rebellion* (Oakland: PM Press, 2011).

³⁶ Chris Knudtsen. "Rebuilding the IWW at Streetlight Shelter" in *Industrial Worker*, Volume 104, No. 11 (November 2007).

³⁷ Benjamin Holtzman. "Introduction" in *SICK* (Portland, OR & Bloomington, IN: Microcosm Publishing, 2009), 5.

³⁸ Craig Hughes. "A Discussion of Chronic Pain, Support, Lacking Support, Radical Culture, and Life" in Claire and Meredith (Eds.), *When Language Runs Dry: A Zine for People with Chronic Pain and Their Allies*, Issue #1 (2009).

ner of them, these initiatives address the difficult question of harm and intimate violence that radicals perpetrate amongst themselves. Such projects function as a stabilizer in a community when harm has been committed against each other and increasingly are attempting to create a culture of consent, though this latter aspect needs additional energy. At their best, these seek to heal the radical community, not just those directly involved.

These current projects addressing intimate violence draw on a more established set of organizations and intertwine with a larger network of transformative justice. Generation Five, INCITE! Women of Color Against Violence, and Critical Resistance seek to utilize anti-violence and harm reduction strategies in the task of revolutionary transformation. Here care-giving finds its expression in creating relationships and ways of being outside of the imposition and violence of the state and the punitive justice system. In a similar fashion, radical queer organizing has also sought to address the surveillance of queer youth of color. Most recently, New York City police department has attempted to clear queer youth and youth of color from public spaces, with the organizing of FIERCE challenging and mitigating the harm caused by this attack.

As with queer youth, people with mental illness have been challenging their marginalization. While predominately focused on those identifying with the set of experiences and realities that has been pathologized as bipolar disorder, The Icarus Project states, “We can organize events filled with inspiration and creativity, plan actions that demand change, educate our allies, share skills and resources, and help each other feel less alone. It is up to us to define what we experience in words that make sense, and to create support that meets our needs.”³⁹ This work is an extension of previous organizations such as Mind Freedom International and the psychiatric survivors movement, and can certainly be replicated to address those with different realities and experiences of mental unrest. In a similar fashion but drawing from a different tradition, the Operation Recovery project of the Iraq Veterans Against the War, this is attempting to prevent traumatized active duty military personnel from being re-deployed.

Two additional efforts that have initially developed within radical communities and are in the process of expanding beyond its initial stages are the Rock Dove Collective of New York and the Rosehip Medic Collective of Portland, Oregon. Rock Dove humbly began as a referral service for activists to access low-cost healthcare, but has recently partnered with a workers’ cooperative and people of color led community organizations to set up clinic hours and provide referrals to these groups’ members.⁴⁰ As street medics, the Rosehip Medic Collective started with the purpose of coordinating medic efforts at protests and training medics to serve in these roles. With the cycle of protest in the Pacific Northwest declining before the resurgence of the Occupy Movement, Rosehips delved into community health in the form of trainings, education, and the production of zines containing information on treating “common maladies.”⁴¹ Additionally, Rosehip’s has published a pamphlet titled “Alternatives to Emergency Medical Services” which proposes that activists, radicals, street medics, and supportive medical personnel begin to

³⁹ The Icarus Project. Friends Make the Best Medicine: A Guide To Creating Community Mental Health Support Networks (Summer 2006 Draft).

⁴⁰ Benjamin Holtzman and Kevin Van Meter. “Building Healthy Communities, Building Healthy Movements: An interview with the Rock Dove Collective” in Organizing Upgrade (February 1, 2011); available online at: <http://www.organizingupgrade.com/2011/02/building-healthy-communities/> (accessed February 14, 2012).

⁴¹ Benjamin Holtzman and Kevin Van Meter. “Minding Your Scope, Building Healthy Movements: An interview with the Rosehip Medic Collective” in Organizing Upgrade (November 1, 2011); available online at: <http://www.organizingupgrade.com/2011/11/rose-hip-medic-collective/> (accessed February 14, 2012).

create bottom-tier systems of healthcare (first aid, preventative care), thus preventing more complicated and costly medical issues from developing.⁴² Here such projects that find their origins within the self-imposed limitations of the radical community can expand their base and connect with neighboring communities and struggles.

Of course we are simply meandering through the field of contemporary examples. When considering organizations outside of the purview of radical movements, systems of care, support, and survival increase considerably, Rebecca Solnit has commented: “You can think of the current social order as something akin to [an] artificial light: another kind of power that fails in a disaster. In its place appears a reversion to improvised, collaborative, cooperative, and local society.”⁴³ These attributes are found in the everyday resistances and forms of mutual aid of working-class and poor communities, communities of color, indigenous societies, and other communities of resistance within the US. Taking into consideration this fact, as well as historical and current examples, movements have experiences to draw from and a seemingly fertile environment in which to organize. Before concluding, and abstracting toward a more theoretical examination of self-reproducing movements and movements of self-reproduction, it is worth describing some problems found within current movement discourse and organizing.

Movement problems

Just as we cannot “occupy everything,” we cannot care for everyone. I suggest this not because every institution, site of production, and public space cannot be occupied or that everyone should not be provided care. But because this is not a practical approach to the situation we find ourselves in. Practical movements require a density of relationships, communicative mechanisms, organs for coordination and decision-making, efforts around education and self-reflection, and forms of organization appropriate for their particular tasks. Hence movements need to act strategically, deploying energy wisely, acting to immediate conditions while looking toward long-term development. The tactics chosen for occupations and care-giving need to be reflected in these larger strategies for revolutionary change and upheaval, but there are a number of ways that movements set their own limits on these possibilities.

Too often radical movements are based simply on a subcultural or ideological affiliation, and emphasize changing the consciousness of the population rather than how they function and what they accomplish in peoples everyday lives. Strategic thinking should not conclude in one correct strategy or line, but rather the creation of “a world in which many worlds fit,” to paraphrase the Zapatistas. Of the larger set of struggles taking place in society, there is a smaller subset that are taken up by radical movements and then a smaller set of radical movements that self-identify with various anarchist or activist currents. There is an error among activists to see this pyramid as inverted and the critiques that follow are part of how this infects the larger constellation of radical movements.

A particular attribute of current activism and radicalism is its subcultural nature, meaning that it defines itself in opposition to the dominant culture and this identification is at the heart of its activity and self-understanding. While subcultures can be utilized as bases for further organizing, they are often self-referential and currently it appears that the subcultural nature of

⁴² Rosehip Medic Collective. Alternatives to the EMS, Version 1 (May 2011).

⁴³ Rebecca Solnit. *A Paradise Built in Hell: The Extraordinary Communities That Arise in Disaster* (New York: Penguin Books, 2009).

radical movements have imposed their own limitations on radical activity by excluding the general population as a site of intervention.⁴⁴ Additionally, the activist subculture is predicated on the escape from the restraints of the family, housework, and reproductive labor. When being active, as discussed previously, is limited to those who are able-bodied, able-minded, and able to avoid the imposition of care-work, what results is a particularly white, middle-class and young movement. This is connected to larger issues addressed herein, and stated perfectly during the debates of a decade ago: “Defining ourselves as activists means defining our actions as the ones which will bring about social change, thus disregarding the activity of thousands upon thousands of other non-activists. Activism is based on this misconception that it is only activists who do social change—whereas of course class struggle is happening all the time.”⁴⁵

With the lack of attention given to care within radical communities, dialogs have been emerging to address this, but often they replicate the problematic formulations already contained within these movements. As with the concept that ‘only activists create change’ or are at the forefront of change, ties to the idea that simply activities of care need to be added to our current movements. This movement-plus-care scenario ignores the fact that care and support are already taking place in society. Seeing care as a separate activity to be performed in movements, outside of the function of everyday life, increases the distance between radical movements and the populations they purport to be bringing into a revolutionary moment. Moreover, the idea of self-care is similarly blind to class position and the reality that everyone needs care. Self-care is a misnomer, as care is a collaborative activity, a commoning. Activists who suggest the need for self-care ignore the fact that the struggles they partake in are of their own choosing. Those who are incarcerated, working-class and poor, without access to healthcare, who are ravaged by waged and unwaged work, or are struggling around mere survival do not have the option to ‘take time away’ from their struggles. Activist self-care is part of the white, middle-class dynamic of current radical movements and such self-identified activists would be better off creating systems of care that other populations could intersect with.

Most recently, the gulf between the experiences of self-identified activists and those experiencing poverty and homelessness found its expression in the Occupy Movement. Referring to the Occupy Wall Street encampment, the New York City based *Indydependent* ran a full-page article in November 2011 stating, “Every utopia has extreme behavior that is a symptom of its values... Into Liberty Park have come homeless street youth, drug addicts and alcoholics.” The author equates homelessness with “extreme behavior” and discusses “drug addicts” and “alcoholics” in a negative light. This was replicated in Portland, Oregon where the Occupiers attempted to remove homeless people from the site of the occupation, which lead to splits in the organizing body. Similar sentiments were expressed across the country, where activists voiced disdain for people who brought difficult realities to the occupations and were angered on how ‘such problems’ were drawing energy away from the movement.

Any movement, especially one that purports to be based on the eradication of poverty, which argues that those suffering from conditions related to poverty, homelessness, addiction, and mental illness are somehow preventing the movement from being effective, is a movement that should pass into the dustbin of history quickly. This discourse within Occupy has been fought vigorously

⁴⁴ For a historical example of how this functioned within the anarchist movement of the 1970s and 1980s, see Andrew Cornell. *Oppose and Propose: Lessons from Movement for a New Society*(Oakland: AK Press, 2011).

⁴⁵ Anonymous. “Give Up Activism” in *Do or Die*, Issue 9 (2001); available online at: <http://www.eco-action.org/dod/no9/activism.htm> (accessed February 14, 2012).

by other radicals within and outside of the movement, most notably those engaged in eviction defense, housing occupations, and direct solidarity with movements of the poor. It is toward new forms of radical movements that our attention must turn, as we seek to challenge movement problems and find new ways forward, together.

Toward self-reproduction

Struggles against the imposition of care-work and the creation of care-giving projects lead us to a twofold movement-building strategy: movements of self-reproduction and self-reproducing movements. Specifically, movements of self-reproduction attempt to link struggles around care-work with care-giving initiatives, and become basis of survival pending revolution. Such an approach broadens organizing and can take the form of furthering existing projects, creating density of relationships around an initiative, the development of community dialogs and community mandates, and creating a culture of solidarity and nodes of communication. A movement-building strategy will require both the amplification of current struggles as well as the creation of new organizational forms addressing how a movement reproduces itself; thus will include care-giving projects as well as related means of survival: housing, transportation, food, and education. Approaches that are utilized among radicals currently to decrease housing and food costs, so time usually dominated by waged work can be used for organizing and other activities, can be amplified to a movement-wide strategy. Collective houses, food buying clubs, community gardens, various cooperatives, resource and income sharing, neighbor care-giving strategies become weaponized when taken from their current subcultural and friendship-networks and are applied as an approach to organizing and movement-building. Contained within this strategy is that idea that movements organize toward reaching the limit of their own self-activity. Zines can be written, dialogs held, transformative justice programs created, referral systems set up—but the impositions of capital and the state on this activity and in our everyday lives must be challenged and overthrown. Self-reproduction is part of the strategy of revolutionary change that will take movements from our current level of to a higher level of political composition, hence inter and intra-movement relationships become more dense, initiatives are replicated and amplified, divisions within the working-class are overcome, and our strength vis-a-vis capital and the state is enhanced. Here we care and we struggle forward, together.

To care and to struggle

Our task is to care together as we struggle together. By pushing forth the complexity of experience and realities that arise in caring for those who are mentally and physically ill, traumatized, dying, survivors of intimate violence and incarceration, addicted, suffering from chronic pain, struggling against the imposition of binary gender, and working in the care and medical industries our movements deepen our relationships with one another and construct new fronts for revolutionary struggle. It is these everyday realities that need to be considered on the long arc of sustained organizing and revolutionary change.

Let us conclude as we have begun, by reflecting on the relationships that populate and construct our lives. As there are too many voices to be heard, too many bodies and minds that can give and need to receive care, too many struggles, and too many worlds just starting to emerge.

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Kevin Van Meter
To Care is to Struggle
Fall 2012

Retrieved on February 15, 2019 from

https://anarchiststudies.files.wordpress.com/2013/06/persp_v14n1.pdf

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